



## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	3738
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	INSTRUMENTATION FOR REPOSITIONING AND EXTRACTING AN ARTIFICIAL INTERVERTEBRAL DISC FROM AN INTERVERTEBRAL SPACE SPINE 3.0-437 CIP CIP CIP CIP CIP CIP CON III
Attorney Docket Number::	
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	FIG.1
Total Drawing Sheets::	18
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Joseph
Middle Name::	P.
Family Name::	Errico
City of Residence::	Green Brook
State or Province of Residence::	NJ

Country of Residence:: US  
Street of mailing address:: 29 Deer Path Circle  
City of mailing address:: Green Brook  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08812

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: W.  
Family Name:: Dudasik  
City of Residence:: Nutley  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 29 Daily Street  
City of mailing address:: Nutley  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07110

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Rafail  
Family Name:: Zubok  
City of Residence:: Midland Park  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 222 Spruce Street  
City of mailing address:: Midland Park  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07432

**Correspondence Information**

Correspondence Customer Number:: 00530

**Representative Information**

Representative Customer Number:: 51640

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/282,356	10/29/02
10/282,356	Continuation-in-part of	10/256,160	09/26/02
10/256,160	Continuation-in-part of	10/175,417	06/19/02
10/175,417	Continuation-in-part of	10/151,280	05/20/02
10/151,280	Continuation-in-part of	09/970,479	10/04/01
10/151,280	Continuation-in-part of	10/140,153	05/07/02
09/970,479	Continuation-in-part of	09/968,046	10/01/01
10/140,153	Continuation-in-part of	09/970,479	10/04/01
10/140,153	Continuation-in-part of	10/128,619	04/23/02
10/128,619	Continuation-in-part of	09/906,119	07/16/01
10/128,619	Continuation-in-part of	09/982,148	10/18/01

**Foreign Priority Information**

**Assignee Information**

Assignee name::	SpineCore, Inc.
Street of mailing address::	475 Springfield Ave 4th Floor
City of mailing address::	Summit
State or Province of mailing address::	NJ
Postal or Zip Code of mailing address::	07901